



Office of the
United States
Global AIDS
Coordinator

COUNTRY PROFILE

HIV/AIDS

BOTSWANA

The HIV/AIDS epidemic has had a devastating impact on Botswana. Demographics of identified HIV/AIDS-infected people suggest that the epidemic is in advanced stages. The overall HIV prevalence in pregnant women ages 15–49 is

37.4 percent, and the estimated overall number of HIV-infected people, according to 2002 figures, is 320,000, in a population of 1.7 million. HIV transmission appears to be primarily through heterosexual contact or during birth. HIV prevalence is higher among single mothers than married mothers and is a likely contributor to the growing number of orphaned children. The proportion of pregnant women ages 15–19 years who are HIV-positive is significantly higher than that of their same-age male counterparts (22.8 percent for women versus 1.8 percent for men). Sexual behavior of truckers, men who work in the diamond mines, and men who work away from home for long periods appears to contribute to the spread of HIV/AIDS. Although the vast majority of the population has general awareness of HIV/AIDS, just over a third of those surveyed recently demonstrated correct knowledge on how HIV is transmitted. There are significant challenges to addressing the underserved rural populations in Botswana.

HIV/AIDS Epidemic in Botswana	
HIV Prevalence in Pregnant Women	37.4%
Estimated Number of HIV-Infected People (2002)	320,000
Estimated Number of Individuals on Antiretroviral Therapy	18,000
Estimated Number of AIDS Orphans	67,000

U.S. GOVERNMENT RESPONSE

In 2003, President George W. Bush announced the Emergency Plan for AIDS Relief, a five-year, \$15 billion U.S. Government initiative that aims to provide treatment to at least two million HIV-infected individuals, prevent seven million new HIV infections, and provide care and support to 10 million people living with and affected by HIV/AIDS, including orphans and vulnerable children. To help attain these goals, the U.S. Government is rapidly expanding its programs and engaging new partners in 15 focus countries, including Botswana. Under the Emergency Plan, Botswana will receive \$17.9 million in 2004 to support a comprehensive treatment, prevention, and care program.



Map of Botswana: PCL Map Collection, University of Texas

Treatment

The U.S. Government will support the existing treatment program planned by the Botswana government through government appropriations and a five-year \$100 million grant from the Bill and Melinda Gates Foundation and Merck, Inc. Through improved training coordination, laboratory technical assistance, and voluntary HIV counseling and testing services, the U.S. Government will maximize the number of people identified for antiretroviral drugs. Further, U.S. resources will go to provide treatment for opportunistic infections, and services to prevent mother-to-child transmission of HIV and to treat mother and baby with antiretroviral drugs, while strengthening existing community and family models to facilitate treatment.

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Prevention

The U.S. Government program will promote behavioral change—especially abstinence and faithfulness among young people at risk—through radio drama, a countrywide network of church-based volunteer counselors, school-based HIV-prevention programs, and youth-based peer prevention and education programs. U.S. resources will also support nationwide door-to-door, community-based HIV/AIDS education programs, initiate social marketing campaigns to increase the use of mother-to-child transmission prevention services, and improve the ability of primary health clinics to treat sexually transmitted infections. U.S. Government efforts will examine prevention measures in the northeastern part of the Botswana and will implement workplace programs. To support reduction of mother-to-child transmission, the U.S. Government will finance key positions within the Ministry of Health and the operational costs of ongoing U.S.-Botswana research collaboration, strengthen pre- and in-service training for health care workers, evaluate alternative delivery systems, and demonstrate best practices for diagnosis, follow-up, and referral of infants after delivery.

Care

The U.S. Government will support Botswana's national goals of enhancing clinical and palliative care and will support programs by strengthening tuberculosis control programs and providing technical assistance to voluntary counseling and testing sites. This will include purchasing caravans for mobile testing services, supporting training for counselors and managers, buying rapid tests for use in government hospitals and clinics, constructing a voluntary counseling and testing center, supporting the salary of its additional key staff to work with the centers to make them self-sufficient, and developing an educational video on routine HIV testing. Care for orphans and other vulnerable children will also be a vital part of the U.S. Government program.

Other

The U.S. Government will also focus on strengthening HIV surveillance and national monitoring capacity at all levels of health care. U.S. efforts will provide technical support for annual HIV sentinel surveillance and prevalence studies, behavioral surveillance, and tracking of tuberculosis in the country. The U.S. Government support for Botswana's HIV Response Information Management System will enable program monitoring, reporting, and targeted research that will provide valuable data to guide decision-making.

Funds will improve capacity to target U.S. Government activities and measure progress toward meeting goals for treatment, prevention, and care. Crosscutting activities will provide the technical and administrative support necessary for all treatment, prevention, and care activities to proceed in an efficient and effective manner. Major activities will support human capacity development, training, and information technology operations and management support. U.S. Government funds will strengthen the national capacity to address the epidemic, conduct needs assessments, and integrate training into technical strategies.

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